

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY BEECHWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 BEECHWOOD DR DURHAM, NC 27707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Paul Dixon DHSR Construction Section conducted a Biennial Survey on November 10, 2015 from 2:05 PM to 3:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on November 14, 2013 as a Family Care Home for three (3) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Residential Building Code - Section R101.2. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations during the survey showed that the kitchen range hood fan was not working. Have a qualified individual investigate and repair or replace the fan. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY BEECHWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 BEECHWOOD DR DURHAM, NC 27707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 1</p> <p>supporting documentation concerning this repair.</p> <p>2. Observations during the survey showed that there was a heavy build-up of lint behind the clothes dryer, and there was some trash behind the clothes washer. Clean out behind the washer and dryer. Provide the DHHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>3. Observations during the survey showed that the Fire Extinguishers in the facility have an inspection tag dated June 2014. Take the fire extinguishers to an authorized fire equipment company and have them inspected and re-tagged. Provide the DHHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>4. Observations during the survey showed that the HVAC return air grill above the hallway entrance had a heavy build-up of dust on the grill. Have the grill cleaned and the filter replace if necessary. Provide the DHHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>5. Observations during the survey showed that the smoke detector in the hallway was missing the battery. Install a new battery in the smoke detector. Provide the DHHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.</p> <p>6. Observations during the survey showed that the exhaust fan cover in the hall bathroom was</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY BEECHWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 BEECHWOOD DR DURHAM, NC 27707		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 2 clogged with dust and lint. Have the cover cleaned to ensure an unobstructed air flow. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. 7. Observations during the survey showed that the light fixture in the front bedroom is missing a bulb. Install a working light bulb in the fixture. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. 8. Observations during the survey showed that the exterior hood and screen for the clothes dryer is completely clogged with lint. Have the hood and screen cleaned out. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.	C 174		